

Original state no given
name for the child.
MARGIN RESERVED FOR BINDING
USE PERMANENT INK

State File No. 160, Gila Co.

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 160

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* <u>male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>Sept 25 1925</u>			
(Month) (Day) (Year)			
FULL NAME <u>Arthur E. Osterberg</u>	FATHER		
FULL MAIDEN NAME <u>Mrs. Viola Johnson</u>	MOTHER		

I HEREBY CERTIFY that the child described
herein has been named

Kenneth Johnson Osterberg

(Give name in full) (Surname)

Arthur E. Osterberg
(Parent's Signature)

Mrs. Charles Strom
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.